

**State of Rhode Island
Department of Behavioral Healthcare, Developmental Disabilities
and Hospitals (BHDDH)**

SUBJECT:

BHDDH Response to Comments from Public Meeting Held December 7, 2012 re:

November 30, 2012 Public Notice Related to Creation of a New Service, Changes to Rates Paid and Method for Authorizing Services by the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals for Services Delivered by Private Developmental Disability Organizations

BHDDH appreciates all of the comments submitted at the December 7, 2012 Public Meeting related to the November 30, 2012 Public Notice Related to Creation of a New Service, Changes to Rates Paid and Method for Authorizing Services by the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals for Services Delivered by Private Developmental Disability Organizations.

There were three comments at the December 7, 2012 Public Meeting for which the BHDDH Director stated that the Department would follow-up with responses in the future.

Comment #1: Rate for Center-Based Day Program 1:1 Staffing

The comment was made that the Tier E service package as outlined in the Service Packages by Residential Status and by Tier in the November 30, 2012 Public Notice allows for a 1:1 staffing-to-participant ratio service in the Center-Based Day Program. However, the rate schedule released in the November 30, 2012 Public Notice only allows for a maximum rate in the center-based day program of \$2.30 which assumes a 1:3 staffing-to-participant ratio.

BHDDH Response: BHDDH will reinstate the 1:1 staffing-to-participant rate for this service when provided in a Center-Based Day Program. By reinstating this rate, there is effectively no change from what has been in place up to this point. The 1:1 rate will continue to be \$5.86 per 15 minutes of service provided. There is no change to the Service Package matrix published in the November 30, 2012 Public Notice. Please note that the need for 1:1 supports should be documented in the participant's Individualized Support Plan.

Comment #2: Transportation Assumptions in the Community Residence Supports and Non-congregant Residence Supports

A question was asked about the transportation assumptions that were built into the model for Residence Supports services (Community and Non-congregant). Specifically, the assumption around 50 miles per week per participant.

BHDDH Response: BHDDH built the transportation assumption in the Residence Supports models at 50 miles per week per participant. With respect to reimbursement of transportation services in general, BHDDH is conducting a more comprehensive review of this service and how it is impacted in multiple service rate models such as residence supports, day program services, and the separate transportation service. Final decisions regarding changes to transportation will be announced in a Public Notice that will be effective for services beginning July 1, 2013 since this formula was not changed in any way in the November notice.

Comment #3: Funding for Additional Supports Post-Hospitalization

A question was asked about the ability for Developmental Disability Organizations (DDOs) to bill for additional supports for a participant that may be required after discharge from a hospitalization. Specifically, the scenario was presented of a participant who lives in a group home who is hospitalized for an extended period, e.g. 30 days. The group home DDO cannot bill for these 30 days while the person is in the hospital. Upon discharge back to the group home, the participant needs additional staffing supports for a limited time period. The request was to utilize some of the unbilled time from the 30 days to pay against the additional services required post-hospitalization.

BHDDH Response: The BHDDH recognizes that there are extraordinary cases where a participant may be hospitalized for an extended period and the provider cannot bill for these services. The current per diem rates paid to DDOs assume an overall absence rate of four percent among all participants using overnight residential support services, except for participants with higher medical needs where a six percent absence rate is assumed. In other words, each per diem rate paid out is effectively 104% (or 106%) of the standard rate to account for these absences when the provider cannot bill for services. This additional four or six percent is intended to cover the costs for situations like the one presented by the commenter.

At this time, BHDDH is making no changes to the method in which it pays for residential supports services other than what was presented in the November 30, 2012 Public Notice. However, we are committed to conducting continual review of the actual absence rate for this service to ensure that the absence rate assumption in the model is accurate. This was done once already effective July 1, 2012 when the absence rate assumption for the medical group home service was increased from five percent to six percent and the absence rate for all other residential supports services was increased from three percent to four percent. BHDDH will provide results of our analysis and make any changes to the models, as appropriate, in a Public Notice that will be effective for services beginning July 1, 2013.

Other items

1. Since the December 7 meeting, some Developmental Disability Organizations have contacted the BHDDH regarding the day program staffing ratios.

BHDDH Response: There have been some rate changes as a result of changes to staffing ratios. For example, the rate change for Tier D, modifier UA from a 1:1 staffing rate of \$5.86 to 1:3 staffing rate of \$2.30 per unit. With the old rate, an agency assigning one staff person providing

supports to one individual was paid \$5.86 per unit. With the new rate, a staff person would provide service to 3 individuals at a rate of \$2.30 per individual per unit and the total paid to the DDO for supports provided to all 3 participants would be \$6.90 per unit. In addition, participants are assigned a service package level. However, participants can still choose to receive a variety of services such as community based day program to supported employment at varying staffing ratios from 1:1 to 1:10. These services should be documented in the participant's Individualized Support Plan.

2. The January 1, 2013 – March 31, 2013 authorizations had been sent to HP on December 14. The BHDDH realized that there was an error in the day program authorizations that resulted in the authorizations being under-authorized. The day program authorizations are in the process of being corrected. Approximately 90% of the authorizations should be corrected by Monday and the balance will be corrected within a week. If this was one of your concerns, please review again once the corrections have been made.